

Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/816,220-Conf. #8632
		Filing Date	April 1, 2004
		First Named Inventor	Heather L. Davis
		Examiner Name	N. M. Minnifield
		Art Unit	1645
TOTAL AMOUNT OF PAYMENT		(\$)	1,050.00
		Attorney Docket No.	C1037 70039US01

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account Deposit Account Number: 23/2825	Deposit Account Name: Wolf, Greenfield & Sacks, P.C.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
							Small Entity
2. EXCESS CLAIM FEES							Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
Total Claims							_____
Extra Claims							_____
Fee (\$)							_____
Fee Paid (\$)							_____
HP = highest number of total claims paid for, if greater than 20.							_____
Indep. Claims							_____
Extra Claims							_____
Fee (\$)							_____
Fee Paid (\$)							_____
HP = highest number of independent claims paid for, if greater than 3.							_____
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____		_____	_____		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,050.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	48,207
Name (Print/Type)	Maria A. Trevisan	Date	August 21, 2008

Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.0(a)(4).	
Dated: August 21, 2008	Signature: (Eliza M. MacKenzie)